

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-902690

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

247

Primary Registration District No.

4366

Registrar's No.

2

1. PLACE OF DEATH

a. COUNTY

Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Granby

Length of stay in 1b

years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Newton

c. CITY  
OR  
TOWN Granby

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

None

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Mary Louise Woodcock4. DATE  
OF  
DEATHMonth Day Year  
January 20, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-26-1877

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Granby, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

C. C. Ball

13b. MOTHER'S MAIDEN NAME

Maria Sweet

14. NAME OF HUSBAND OR WIFE

deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, No, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Miss Helen Woodcock Granby, Mo.18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN  
ONSET AND DEATH

over 3 mos.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART-III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 5, 1962 to Jan 20, 1963 and last saw her alive on Jan. 19, 1963

Death occurred at 6:00a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.O.

22b. ADDRESS

Granby, Missouri

22c. DATE SIGNED

1/21/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

1-22-1963

23c. NAME OF CEMETERY OR CREMATORY

Granby Memorial

23d. LOCATION (City, town, or county)

Granby, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Shewmake Funeral Home Granby, Mo.

25. DATE RECD. BY LOCAL REG.

Jan 21, 1963

26. REGISTRAR'S SIGNATURE

M. B. Young

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

ITEM NO.

SHOULD READ

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

VS 300  
Rev. 4/59

6730

2 6730

3

4 1

5 2

6

7 0

8 2

9 200

10

11

12 90-2

13 4-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Floyd E. Stenmark*

Licensed Embalmer No. 4923

P. O. Address

*Box 218 Granby, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.